


<b>Tennessee Department of Human Services</b> <b>Food Stamp Disaster Application</b> <b>Emergency Cash Assistance Application</b>	
<b>DHS USE ONLY:</b> <input type="checkbox"/> Current FS recipient - case # _____ <input type="checkbox"/> Not receiving FS in May 2010	

<b>Name</b>		
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>		

Name of household member (include self, add addl. members on back if needed)	Social Security Number (NOT REQUIRED TO QUALIFY FOR DISASTER FOOD STAMPS)	Date of Birth

Applying for Disaster Food Stamps?    Yes    No
I hereby certify, under penalty of perjury, that my household was affected by the disaster declared effective April 30, 2010. <input type="checkbox"/> My household has or expects to have out-of-pocket expenses as a result of the disaster, which will not be reimbursed during the month of the disaster. Expenses: For: _____ Cost: _____ For: _____ Cost: _____ For: _____ Cost: _____
Monthly take home income:
Amount of accessible liquid resources :
<b>PENALTY WARNING</b> – Anyone in your household who intentionally breaks any of the following rules may be stopped from getting Food Stamps for one year, two years, or permanently. She/He may be fined, jailed or both and required to pay back any overissuance.  <b>DO NOT</b> – give false information or hide information to get or continue to get Food Stamps; give or sell Food Stamps to anyone not authorized to use them; use Food Stamps to buy unauthorized items such as alcohol or tobacco; use another household’s Food Stamps for your household.
<b>CERTIFICATION</b> – My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. <b>Signature:</b> _____ <b>Date:</b> _____

Applying for Emergency Cash Assistance?    Yes    No				
Monthly household gross income:				
Are you unable to live in your home OR does your home require repairs due to damage from the disaster? (circle one) :    Yes    No				
Have you applied for aid with FEMA? (circle one)    Yes    No				
I certify under penalty of perjury and all other applicable penalties that the statements I made on this application, and to whomever interviewed me are true and correct. If asked, I will give information that proves my statements, or I give DHS permission to get proof. <b>Signature:</b> _____ <b>Date:</b> _____				
<b>BENEFIT INFORMATION (DHS USE ONLY)</b> Do not complete for FS if current recipient received supplement in ACCENT				
<b>EBT card # (16 digits):</b>				
<b>EBT Card Case # (11 digits):</b>				
<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Disaster Food Stamp Allotment:</b></td> <td style="width: 50%;"><b>Emergency Cash Payment (circle one)</b></td> </tr> <tr> <td></td> <td style="text-align: center;">\$250    \$500    N/A</td> </tr> </table>	<b>Disaster Food Stamp Allotment:</b>	<b>Emergency Cash Payment (circle one)</b>		\$250    \$500    N/A
<b>Disaster Food Stamp Allotment:</b>	<b>Emergency Cash Payment (circle one)</b>			
	\$250    \$500    N/A			
<b>Caseworker Name:</b> _____ <b>Date:</b> _____				

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